



PTO/SB/06 (08/00)

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 529252000100

								529252000100					
		CLAIM		ILED - PA		lumn 2)	SN	MALL I	ENTITY	OR		R THAN ENTITY	
FOR			NUMBER FILED		NUMBER	NUMBER EXTRA		TE	FEE]	RATE	FEE	
BASIC FEE (37 CFR 1.16(2))						No.			\$370.00	OR	,	\$740.00	
TOTAL CLAIMS (37 CFR 1.16(c))			76 minus 20 =		0 =	56 .			\$504.00	OR	\$18.00	\$	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			6 minus 3 =		3 =	3		0	\$126.00	OR	\$84.00	\$	
MUI	ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+\$140	.00	\$	OR	\$280.00	s		
*If the different in column 1 is less than zero, enter "0" in column 2							TOTA	L	\$1000.00	OR	TOTAL	\$	
	CLAIMS AS AMENDED - PART II (Column I) (Column 2) (Column 3)							SMALL ENTITY				R THAN ENTITY	
AMENDMENT A		CLAIMS REMAIN AFTER AMEND			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R.A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	_		Minus		=*	x\$9.00)	\$*	OR	\$18.00	\$*	
	Independent (37 CFR 1.16(b))			Minus		=*	x\$42.0	0	\$*	OR	\$84.00	\$*	
Ì	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$140	.00	\$*	OR	+\$280.00	\$*	
							TOTA	L T. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*	
		(Colu	nn I)		(Column 2)	(Column 3)				_			
AMENDMENT B		CLAIMS REMAIN AFTER AMENDI			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R.A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))			Minus		=*	x\$9.00)	\$* '	OR	\$18.00	\$*	
	Independent (37 CFR 1.16(b))			Minus		=*	x\$42.0	00	\$*	OR	\$84.00	\$*	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$140	.00	\$*	OR	+\$280.00	\$ *		
							TOTA ADDI	L T. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*	
		(Colui	mn 1)		(Column 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAIN AFTER AMEND!	ING		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R.A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
	Total (37 CFR 1.16(c))			Minus		=*	x\$9.00)	\$*	OR	\$18.00	\$*	
	Independent (37 CFR 1.16(b))			Minus		=*	x\$42.0	00	\$*	OR	\$84.00	\$ *	
	FIRST PRESENT.	ATION OF	MULTIPL	E DEPENDE	ENT CLAIM (3	7 CFR 1.16(d))	+\$140 TOTA		\$*	OR	+\$280.00 TOTAL	\$*	
							101/1		l	1 .		I	

ADDIT. FEE \$*

ADDIT. FEE \$*

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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